Kim Intino, manager of the Animal Services Consultation (ASC) of The HSUS, confirms that there is no industry-wide definition of an animal shelter. The ASC program uses the following criteria in its definition (personal communication with R.G.R., November 1, 2005):

- A regular 501(c)(3) nonprofit organization
- An organization that operates an animal-shelter facility at a fixed address and maintains it primarily for the purpose of sheltering animals
- One that handles about a hundred companion animals a year
- One that maintains regular visiting hours for the general public

Using the aforementioned definition, most shelter organizational charts resemble the structure seen in Figure 5.1.

Why People Choose to Work at a Shelter

Many people enter the animal-care profession because they want to help animals; however, most are not completely cognizant of the emotional demands and/or consequences of their chosen profession (White 1998).
Wagner (2000) lists many reasons why people enter the profession, including:

- A love of animals (this is the predominant response given at every compassion fatigue workshop led by R.G.R.)
- Care and compassion for animals and people
- A purpose in life/sense of calling
- A desire to do something worthwhile with one's life
- A sense of enjoyment from working with animals
- A desire to play and/or be with animals
- A desire to help/be part of the solution
- A concern for the welfare of animals
- A desire to give animals a better way of life
- A desire to alleviate suffering
- A desire to find good homes for animals
- It is important work

Overwhelmingly, one can conclude from White (1998) and Wagner (2000) that people are drawn to work in shelters because of a strong desire to be a caregiver to animals.
If the reasons that draw people to their work are noble and theoretically lead people to rewarding careers, then why are so many animal caregivers so unhappy? This is an extremely complex question, and the answer lies in the reasons for engaging in the work initially. As with many professions or positions, stress or pressure comes not only from the nature of the work, but from internal and external sources as well. In addition, many shelter positions give way to an emotional commitment since the workers form relationships with animals, people, and co-workers. Subsequently, these factors will affect the formation and framework of the shelter worker’s self-value and self-esteem.

In 1988 Rick Collord, executive director, Humane Society of Broward County (1988) organized euthanasia workshops for employees of humane societies. Because he was sensitized to the trauma of compassion fatigue, he arranged for a hospice care bereavement specialist to conduct the sessions. The problem as described by the specialist was that euthanasia workers have difficulty working through the normal grieving process because animal deaths are so prevalent and never ending. Collord concluded that shelter workers’ inability to handle the trauma of euthanasia led to feelings of isolation and low self-esteem and, as a result, complicated their work relationships. Current research demonstrates that stress and compassion fatigue are found in workers throughout shelters and are not limited only to those performing euthanasia (HSUS 2003–2004).

These resulting emotions can serve as the framework for how animal-care professionals deal with the day-to-day activities of their jobs. A compassion fatigue survey administered to animal-care workers revealed that, despite great suffering, personal pain, and witness to animal suffering, they continue in the profession because of their passion for it. This mind-set develops into a form of emotional self-injury.

This emotional self-injury is comparable in nature to the dynamic of physical self-injury. In physical self-injury, inner emotions and pain are expressed as external pain. This self-injury is an overt expression of the pain. In emotional self-injury, the pain remains internalized.

In addition to the emotional nature of the work, animal-care professionals experience significant external and internal pressures that affect the conditions in which they must work. The external stresses that shelter workers face include:

- Public perception and lack of understanding
- Relationships with other humans and animals
Friends and family who do not understand the work
Government regulation and administrators
Negative media
Requests for special favors from politicians and friends

These examples suggest that external stressors, especially how the public reacts to the work, contribute greatly to the nature of the work at the shelter and no doubt demonstrate that the toll the public inflicts on a shelter worker is profound. “Shelter workers do the dirty work for the general population members who continue to breed, abuse, overpopulate animals, and shift the blame onto shelter staff for a problem they created themselves” (Wagner 2000, 1).

Internal pressures must be considered as well, as these can have a great impact on the emotions of animal-shelter workers. Some examples of these pressures include:

- Staffing levels
- Volume of animals
- Hours of operation
- Adoption rates
- Financial health of the shelter
- Nature of the work
- Mentality of indispensability
- Board of directors
- Relationships with co-workers

Is the work worth it? Wagner (2000) has assembled the most comprehensive list of rewards inherent to working in a shelter. They consist of:

- Loving the animals
- Happy endings and success stories associated with finding homes for the animals
- Being part of the solution and having a positive impact on animals’ lives and pet owners’ perceptions
- Reuniting animals with owners
- Facilitating adoption and making good matches
- Seeing an animal placed in a lasting, loving home
- Seeing animals leave with responsible new owners
- Adoption of hard-to-place animals
- Hearing back from those who have adopted
- Rescuing strays before they are injured

While shelter workers report liking or even loving their work, they
often say that what they do is for others. There are numerous reports of animal-care workers hearing, “I couldn’t do what you do,” or “I love animals too much to do your work.” As a result of such comments, which animal-shelter workers perceive as hurtful, workers may say, “I work for the government,” or “I work for a nonprofit,” rather than divulging their precise employer. However, such lack of candor truly hurts shelter workers’ self-esteem and self-value; consequently, animal-care workers have reported developing a dislike of humans.

This detachment from others only seems to strengthen isolation and reduce self-esteem. When removing the isolation and reducing the stress, the evidence indicates that self-esteem cannot be raised (Braun 1996). With all of this rejection and pain, the question that begs to be asked is: “What price do animal caregivers pay?” Workers report statements such as (White 1998):

- “I hate myself for being part of it.”
- “I have a lot of sleepless nights.”
- “I entered therapy in the beginning of June and am being medicated for severe depression.”
- “I do not get too personally involved, so I can’t say that it hurts me.”
- “I have been here long enough to know not to get attached to the animals, but sometimes I still do.”

Smith (1990, 5-5) reported shelter and animal-control employee comments such as:

- “Sometimes my anger pounds the air.”
- “I wish I could reach out to all of those who have to deal with this pain and give them a big hug and take some of that pain away.”
- “We are dog lovers, yet [we are] the ones who suffer.”
- “I feel that I am here to do the dirty work and that makes me angry.”
- “My feelings are hate because people think I have no feelings. Wanting to quit, but I cannot because what if no one else cares.”
- “The anger is usually directed, if only mentally, at the pet owner, some technicians displace their anger and it invades their personal life.”

W.H. Smith (1990) conducted seminars, entitled “Euthanasia: The Human Factor,” for The HSUS in the 1980s and early ’90s. He was one of the original observers to record symptoms of animal-shelter and
animal-control workers. Smith says these feelings of guilt and anger “are complex,” yet calls them “a problem with no name.” In light of what is known today, Smith was observing classic symptoms of compassion fatigue; the “problem with no name” Smith observed in 1980 was compassion fatigue.

People continue in the field because they love their work; however, this love causes them terrible pain. These feelings and reactions have not changed in more than twenty-five years.

As validated by current data collection and earlier reporting, there is little doubt that compassion fatigue is pervasive in animal shelters and the animal-control community. We must also make room for the possibility that compassion fatigue in the animal-care community is a by-product of multiple high-risk exposures. These exposures are thought to be high risk because animal-care workers are exposed to them constantly and repeatedly. This, in turn, increases the compassion fatigue. Examples of high-risk exposure include:

- Public perception that the work is low level and “not noble”
- Budget cuts
- Physical environment: space, noise, and lighting
- Co-workers
- Volume of animals

Perhaps the most prevalent high-risk factor in animal shelters is the sheer number of animals entering the facilities. The volume of animals produces an almost impossible level of work and, accordingly, leads to unattainable goals. Let us compare a social worker or counselor, who may spend one hour per patient, working five days a week for six hours a day, and see thirty patients a week. The animal-care professional “sees” hundreds of “cases” per week. Some of these cases—lost animals reunited with their owners, injured animals made well and placed for adoption—end happily and productively. However, many (in some cases, the majority) of these cases are resolved by destruction of the “patient,” via euthanasia, even after days or weeks of effort by the workers themselves.

The employee skill level, the desire to help the animals, and self-isolation place the animal-care professional in an “at-risk” population. This “at-risk” label is supported by Holland’s theory of “a personality-
occupation typology.” In this hypothesis, Holland (in Antony 1998) developed a personality-based theory of occupational choices that was guided by two assumptions—that occupational choices are a reflection of personality and that descriptions of occupational interest provide insight into one personality. Holland developed six basic personality types: realistic, investigative, artistic, social, enterprising, and conventional. The realistic type is defined as one who “prefers activities involving the manipulation of machinery, tools, or animals and may lack social skills.” The lack of social skills adds to the worker’s isolation.

Tillett (2003) cites Malan and discusses “a helping profession syndrome,” in which an individual chooses (usually unconsciously) to work as a caregiver as a response to the personal vulnerability of the patient within. Many professionals have a special relationship with their work; caregivers perceive the needs of others as greater than their own. This leads to caregivers as “self-sacrificers.” If these attempts at caregiving are unsuccessful, caregivers become vulnerable to depression. Jacobs (1991) describes a “constructive vengeance,” suggesting that caregivers are motivated by a desire to right perceived wrongs of the past, sublimating a wish for revenge into a conscious wish for reparation. Their giving of care to others in such a vigorous manner leads to severe physical fatigue and emotional exhaustion.

To best determine what is happening emotionally to the animal-care professional, the differential diagnosis approach is most helpful. In the practice of medicine, the differential diagnosis is a “dynamic process used to determine the disease suggested by the symptoms the patient is presenting, listing the most likely causes and using appropriate testing to include or exclude some of the possible causes” (Wikipedia n.d., n.p.). In using this approach, many different inputs are considered to reach an informed opinion. In administering the compassion fatigue scale to more than one thousand shelter workers and caregivers, several trends have emerged. R.G.R. (in The Humane Society of the United States 2003–2004) has termed these trends. They are:

- Compassion fatigue is not related to length of service.
- Compassion fatigue is not related to age.
- Compassion fatigue is only slightly related to gender, with females scoring higher than males.
- Compassion fatigue is not related to performing euthanasia.

In administering the CF self-test, one can observe that compassion fatigue is pronounced and widespread throughout the animal-care
profession. In the shelter the positions of humane educator, executive
director, kennel attendant, veterinarian, volunteer, operations man-
ger, humane investigator, bookkeeper, adoption counselor, fund-
raiser, etc., in addition to euthanasia technician, are at equal risk of CF.

Research on compassion fatigue in many helping professions
reveals that workers in shelters and animal control are at higher risk
for compassion fatigue than are other caregivers.

Using the differential diagnosis and literature models, the following
trends appear to occur for shelter and animal-care professionals:

- Animal-care professionals are caregivers.
- Animal caregivers have a higher “client load” than do human
caregivers.
- Animal caregivers enter the profession because they love
animals.
- Animal caregivers are subject to ongoing exposure to trauma
and suffering.
- Animal caregivers may suffer feelings of isolation.
- Animal caregivers report developing a dislike of humans.
- Despite high trauma and compassion fatigue, animal caregivers
stay in the job because they worry no one can replace them in
caring for the animals.

Clearly, shelter and animal-care workers need assistance or
resources to enable them to deal with compassion fatigue.

At the other end of the caregivers’ emotional continuum is
compassion satisfaction (CS). Stamm (2002, 112) defines CS as the
sentiment arising from one who “derives pleasures from helping,
likes colleagues, and feels good about [his or her] ability to help
and making contributions.”

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Percent Self-Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 or above</td>
<td>Extremely high risk</td>
<td>56.4</td>
</tr>
<tr>
<td>36–40</td>
<td>High risk</td>
<td>11.7</td>
</tr>
<tr>
<td>31–35</td>
<td>Moderate risk</td>
<td>10.5</td>
</tr>
<tr>
<td>27–30</td>
<td>Low risk</td>
<td>7.3</td>
</tr>
<tr>
<td>26 or below</td>
<td>Extremely low risk</td>
<td>14.1</td>
</tr>
</tbody>
</table>

*Administered to 1,000 shelter and animal-control workers, 2003–2004.
In view of the rewards of working in a shelter (Wagner 2000), it is clear that compassion satisfaction and compassion fatigue exist within the shelter community. One of the authors (R.G.R., in The Humane Society of the United States 2003–2004) found the rates of compassion satisfaction described in Table 5.3.

When CF scores are compared to CS scores for the same individuals, 68.2 percent have good or better potential for CS, and within the same sample, 68.1 percent are at high or extremely high risk for CF. How can we reconcile this? How can one like what he or she does and continue to do it, even if it causes great pain? Stamm (2002, 113) examined these questions:

One of the most intriguing questions raised by this line of inquiry is whether a person could be at high risk for experiencing CF and at the same time still experience high CS. At this point the hypothesis is that there is balance between the two. For example, from discussion with caregivers in various humanitarian settings, we came to understand that they believe they have CF, but many of

---

**Table 5.3—Compassion Satisfaction Self-Test***

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Percent Self-Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>118 or above</td>
<td>Extremely high</td>
<td>3.4</td>
</tr>
<tr>
<td>100–117</td>
<td>High</td>
<td>22.1</td>
</tr>
<tr>
<td>82–99</td>
<td>Good potential</td>
<td>42.7</td>
</tr>
<tr>
<td>64–81</td>
<td>Modest potential</td>
<td>21.7</td>
</tr>
<tr>
<td>63 or below</td>
<td>Low potential</td>
<td>9.5</td>
</tr>
</tbody>
</table>


---

**Table 5.4—Burnout Self-Test***

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
<th>Percent Self-Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>76–85</td>
<td>Extremely high risk</td>
<td>0.9</td>
</tr>
<tr>
<td>51–75</td>
<td>High</td>
<td>17.8</td>
</tr>
<tr>
<td>31–50</td>
<td>Moderate risk</td>
<td>34.9</td>
</tr>
<tr>
<td>36 or below</td>
<td>Extremely low risk</td>
<td>46.3</td>
</tr>
</tbody>
</table>

them like their work because they feel positive benefits from it. They believe what they are doing is helping a group of people and in some ways that it is even redemptive. Certainly they believe it is the right thing to do.

While this research and these finding focused on individuals providing care to humans, their ramifications also translate to those providing care to animals.

In addition to CF and CS, shelter and animal-control workers are subject to burnout: “the state of physical and emotional and mental exhaustion caused by the depletion of ability to cope with one’s environment resulting from our responses to the ongoing demand characteristics (stress) of our daily lives” (Maslach 1982, 11). This definition implies that burnout is a result of stress. Valent (2002) concluded that burnout is the result of an inability to accomplish work goals. Given the great number of animals with whom shelter workers and animal-control professionals must deal—depending on the size of the shelter, it is likely to deal with several thousand animals—it is very likely that there is a feeling of not being able to accomplish work objectives.

It is not surprising that 53.6 percent of the surveyed shelter workers and animal-control professionals are at high or moderate risk of burnout (Table 5.4). These are undoubtedly professions that make very high emotional demands of their workers. Using the differential diagnosis model, the need to recognize and deal with combinations of CF, CS, and burnout (BO) is ever present.